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<b>Unit 2629</b>
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Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

## **COVER LETTER**

Sir:

[x] The fee for submission of claims is calculated as shown below:

For	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	24	22	(Over 20)	x \$50	100.00
Independent Claims	4	3	(Over 3)	x \$200	200.00
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).  X ½  IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED					
TOTAL			300.00		

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[x] Response to Office Action	[x] Petition for 2-month Extension of Time
(with Claim Amendments)	[ ] Terminal Disclaimer
[ ] Preliminary Amendment	[x] Letter to Draftsperson w/ 2 sheets
[ ] Substitute Specification	of replacement drawings
[ ] Other	[ ] Request for Continued Examination

[ ]	Please charge my <b>Deposit Account Number</b> A duplicate copy of this paper		to cover the f	ees for
[ x ]	] Checks in the amount of \$450.00 to cover the 2-mor claims fee are enclosed.	nth extension fee and	\$300.00 for the	excess
[ x ]	The Commissioner is hereby authorized to charge communication, or credit any overpayment to <b>Deposit</b>	•		th this
	Respectfully	submitted,		
	Stanley P. F Registration	isher Number 24,344	_	
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Juan Carles A. Marquez Registration Number 34,072

REED SMITH LLP

3110 Fairview Park Drive, Suite 1400 Falls Church, Virginia 22042 (703) 641-4200 February 28, 2007